

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
---------------------------	-----------------------------	----------------------

Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Marcus Jeffers
Date: 2/20/2008
Time: 10:30 – 11:30 a.m.
Location: Wycliff – Conference Room 430

IPRS Division - EDS Team Attendees:

✓ Cathy Bennett
 ✓ Paul Carr
 ✓ Sandy Flores
 ✓ Mike Frost
 Thelma Hayter
 ✓ Jamie Herubin
 ✓ Eric Johnson
 ✓ Rick Kretschmer
 Cheryl McQueen
 Travis Nobles

Others:

✓ Chris Ferrell
 ✓ Marcus Jeffers
 Gary Imes
 Joyce Sims
 ✓ Myran Harris
 ✓ Theresa Diana

Attendees:

✓ Alamance-Caswell	✓ Onslow-Carteret
✓ Albemarle	✓ OPC
✓ Catawba	Pathways
✓ Centerpoint	✓ Sandhills Center
Crossroads	Piedmont
✓ Cumberland	✓ SE Center
✓ Durham	✓ SE Regional
✓ Eastpointe	✓ Smoky Mountain
✓ East Carolina Behavioral Health	✓ The Beacon Center
✓ Five – County MHA	✓ Wake
✓ Foothills	✓ Western Highlands
✓ Guilford	
✓ Johnston	
Mecklenburg	

Next Meeting: February 27, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
 Call the IPRS Help Desk – 1-800-688-6696, Option 4 or 919-816-4355 M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	<u>Upcoming Checkwrites</u> - (cut-off dates) Feb. 21 & Feb. 28, March 6, 13, 20.
4.	<p><u>Agenda items</u></p> <ul style="list-style-type: none"> Beta Test (NPI) Requirements Review: Paul Carr gave an update on a previous issue about Taxonomy and where it should be submitted on the 837. Paul continued by stating that at present it is not possible to submit a billing and attending taxonomy on the 837. It can be only submitted for one or the other. He said that it is preferred that the attending taxonomy be submitted for IPRS claims. If both the billing and attending taxonomies are submitted on the 837 the claims will be rejected by the translator at this time. <p>Q: (Naomi - Guilford): We currently submit an 837 with Medicaid and IPRS claims combined. As we understand it, Medicaid wants the taxonomy at the billing provider level. Is it still ok that we submit that way or do we need to separate the 837s for formatting purposes?</p> <p>A: (Paul Carr – EDS): Yes, you may continue to submit your IPRS claims together with your Medicaid claims in one 837.</p> <p>Q: (Victoria – Albemarle): Regarding the submission of only one taxonomy on IPRS claims. I attended an NPI seminar and was told that this was going to be changed in the future. Is this correct?</p> <p>A: (Paul Carr – EDS): It has been requested that the translator be updated to except both the billing and the attending taxonomies. However; at this time it will not.</p> <p>Q: (Naomi - Guilford): So for NPI testing purposes, can we still submit the Medicaid claims together with the IPRS claims for format testing?</p> <p>A: (Paul Carr – EDS) Yes, that would be fine.</p> <ul style="list-style-type: none"> 100 records/LME/submission; Format test; full cycle run; 835 Update scheduled termination: TBD IPRS Questions or Concerns <p>Q: (Jeanna – Catawba): We currently have an extension until June 30th on being able to bill those unique YP codes for substance abuse. Will that be extended another fiscal year or will that truly cut off by June 30th?</p> <p>A: (Eric Johnson – DMH): I don't have the answer to that. I'm not sure if a decision has been made by the Division as of yet. Please send that question into the Q&A mailbox so that I may forward it for research.</p> <p>Q: (Deborah - Wake): We are currently concerned about the Pay To segment.</p> <p>A: (Paul Carr – EDS): Are you referring to when we have fully implemented NPI and you have a new 835 being returned instead of the legacy numbers?</p> <p>Q: (Deborah - Wake): Yes.</p> <p>A: (Paul Carr – EDS): At this time I'm not sure how to answer that. Please forward that question to the IPRS Q&A for further research.</p>

	<p>Q: (Deborah - Wake): Ok</p> <p>Q: (Libby - Eastpointe): We have clients where the money was recouped by IPRS back during the Jan. 24th RA. Do you know if all payments have been issued for that recoupment?</p> <p>A: (Eric Johnson – DMH): I'm sure that most if not all of those payments have been completed at this point.</p> <p>Q: (Libby – Eastpointe): So if we have clients that have not yet received reimbursement. Does this mean that there was most likely no budget in those pop groups?</p> <p>A: (Eric Johnson – DMH): That is a strong possibility.</p> <p>Q: (Libby – Eastpointe): Ok, thank you.</p> <ul style="list-style-type: none"> <p>MMIS Updates – (Theresa Diana): Theresa stated that she still has not received an update from DMA on the H0031 code issue. She also said that the DMA website will post the updated Medicaid Billing guide by the first week of March. As well, workshops regarding the guide will begin in April.</p> <p>Q: (Kelly – Durham): Are there any updates on CPT rates?</p> <p>A: (Theresa Diana – EDS): Those have not yet been updated.</p> <p>Q: (Kelly – Durham): Is there a timetable on when they will be update?</p> <p>A: (Theresa Diana – EDS): Typically there is a rate update every calendar year. However; there have been only periodic rate updates at this point. Please continue to check the website. It will give the latest update according the fee schedule and when the last revision was made.</p> <p>Q: (Jeanna – Catawba): Will DMA continue will the schedule of ending a provisional license billing of Medicaid by June 30th?</p> <p>A: (Theresa Diana – EDS): Please send that question to the Medicaid Q&A mailbox and I will forward it to DMA for research.</p> <p>DMH and/or EDS Concluding Remarks:</p> <p>For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</p> <ul style="list-style-type: none"> ○ Physician phone analyst (i.e. Independent Mental Health Providers)-4706 ○ Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707 <p>Roll Call Updates</p>
--	---